MAINE DEPARTMENT OF LABOR Bureau of Unemployment Compensation

(See Mailing Addresses on the Bottom of This Form)

Claimant'	s Name a	nd Address			
				Date: Social Secu Claim Cente	rity Noer No
	•		ment benefits and indicate for unemployment bene	•	ere not a United States Citizen. uirements must be met:
1)	You must have been lawfully present in, and authorized to work in, the United States during the time that you earned your base period wages.				
2)	2) You must be lawfully present in, and be authorized to work in, the United States during the period in which you are filing claims.				
Before we can finish your unemployment claim, you will need to send in a copy of the front and back of your alien card. Normally, it is one of the following forms:					
	 For For 	rm I-688A, "Emplo	nt Alien" card Pary Resident" card Yment Authorization" car Yment Authorization" car		
If you have an alien card that is not listed above, still send in a copy. It will be reviewed and it will be determined if you will be eligible for unemployment benefits. Please submit the requested information no later than 14 days from the date of this notice. Failure to respond to this request may lead to a denial of your claim and benefits.					
Do <u>not</u> send in your alien card because you must always carry it with you. Send in only a copy.					
Please answer the following question (using <u>black</u> or <u>blue</u> ink) and return this form with the copy of your alien card.					
I attest, under penalties of perjury, that I am (check one block):					
	 An alien lawfully admitted for permanent residence in the United States. Alien number: A 				
An alien authorized by the Immigration and Naturalization Service to work in the United States. Alien number: A or Admission number Expiration date of employment authorization, if any					
 3. An alien either not lawfully admitted for permanent residence or not authorized by the Immigration and Naturalization Service to work in the United States. 					
			answered the above qui		fully. I am aware that there are urance benefits.
Claimant's Signature:				Da	te:
Me. B-7 (CC) (rev.	11/2013)			
MAIL OR FAX TO: Bureau of Unemployment Compensation					
97 State House Station Augusta, ME <u>OR</u> 04333-0097		P.O. Box 450 Bangor, ME 04402-0450	<u>OR</u>	P.O. Box 1088 Presque Isle, ME 04769-1088	
Fax: (207) 287-5905			Fax: (207) 561-4665		Fax: (207) 764-2142